

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

ACU-PAC

ADDRESS (number and street)

5101 MACARTHUR BLVD NW

SUITE 200

☐Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20016

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00457291

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2010

through

03

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

SCOTT MACKENZIE

Signature of Treasurer

Electronically Filed by SCOTT MACKENZIE

Date

04

14

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name
ACU-PAC

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	45645.06
(b) Cash on Hand at Beginning of Reporting Period	45645.06	
(c) Total Receipts (from Line 19)	258640.04	258640.04
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	304285.10	304285.10
7. Total Disbursements (from Line 31)	261644.50	261644.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	42640.60	42640.60
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	78944.43	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

ACU-PAC

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	50920.00	50920.00
(i) Itemized (use Schedule A)	207720.04	207720.04
(ii) Unitemized	258640.04	258640.04
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	258640.04	258640.04
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	258640.04	258640.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	258640.04	258640.04

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	231644.50	231644.50	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	231644.50	231644.50	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30000.00	30000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	261644.50	261644.50	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	261644.50	261644.50	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	258640.04	258640.04
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	258640.04	258640.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	231644.50	231644.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	231644.50	231644.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MAYNARD C AKKERMAN 559

Mailing Address 27628 STATE HIGHWAY 56

City

BROWNSDALE

State

MN

Zip Code

55918

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

MANUFACTURING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.42947

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MR TRAVIS A ALLISON 757

Mailing Address 17280 COUNTY ROAD 136

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.39068

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MR GERSON BARNETT 591

Mailing Address 2908 SHADOW OAKS PL

City

BILLINGS

State

MT

Zip Code

59102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.41984

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

AUDREY BENNETT 551

Mailing Address 1240 KENT ST

City

SAINT PAUL

State

MN

Zip Code

55117

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.36103

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

GEORGE BLANK 189

Mailing Address 148 OLD YORK RD

City

NEW HOPE

State

PA

Zip Code

18938

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE MEDTECH GROUP

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.43203

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MR JOHN BRANDT 557

Mailing Address 2129 12TH AVENUE E

City

HIBBING

State

MN

Zip Code

55746

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33944

Amount of Each Receipt this Period

210.00

SUBTOTAL of Receipts This Page (optional)

960.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 63

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR KENNETH T BROWN 201

Mailing Address 828 VAN BUREN ST

City

HERNDON

State

VA

Zip Code

20170

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	1	0

Transaction ID: SA11AI.37994

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MR TIMOTHY THOMAS BROWN 802

Mailing Address 210 VINE ST

City

DENVER

State

CO

Zip Code

80206

FEC ID number of contributing
federal political committee.

C

Name of Employer
NRC BROADCASTINGOccupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	2	/	2	0	1	0

Transaction ID: SA11AI.37751

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MR JAMES F CAUSLEY 480

Mailing Address 37910 SEAWAY CT

City

HARRISON TWP

State

MI

Zip Code

48045

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	6	/	2	0	1	0

Transaction ID: SA11AI.35547

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MRS RAMONA CHAPMAN 648

Mailing Address 4335 WENDY WAY

City

JOPLIN

State

MO

Zip Code

64804

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.34846

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

DR HOLLACE D CHASTAIN 468, MD

Mailing Address 1819 BRAEMAR DR

City

FORT WAYNE

State

IN

Zip Code

46814

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.42810

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

SUSAN CIROTTI 327

Mailing Address 500 OLOLU DR

City

WINTER PARK

State

FL

Zip Code

32789

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40508

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR JOHN F CLAIR 801

Mailing Address 6634 S CLARKSON ST

City

CENTENNIAL

State

CO

Zip Code

80121

FEC ID number of contributing
federal political committee.

C

Name of Employer
U.S. ROAD EXPRESS INC

Occupation

TRUCK DRIVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40484

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MR EDWARD CLARK 600

Mailing Address 138 EDDY LN

City

NORTHFIELD

State

IL

Zip Code

60093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.41022

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

MR VICTOR E CLARKE 331

Mailing Address 5000 N KENDALL DR

City

CORAL GABLES

State

FL

Zip Code

33156

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40299

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR THOMAS X CLINTON 453

Mailing Address 509 URBAN AVE

City

SIDNEY

State

OH

Zip Code

45365

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.34395

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

MR THOMAS X CLINTON 453

Mailing Address 509 URBAN AVE

City

SIDNEY

State

OH

Zip Code

45365

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.35927

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MR DOUGLAS R COLEMAN 553, JR

Mailing Address 140 S BROWN RD

City

LONG LAKE

State

MN

Zip Code

55356

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.41602

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

NANCY F COX 787

Mailing Address 1107 YAUPON VALLEY RD

City

WEST LAKE HILLS

State

TX

Zip Code

78746

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40623

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

SHARON CREELMAN 553

Mailing Address 25905 110TH ST NW

City

ZIMMERMAN

State

MN

Zip Code

55398

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.33826

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JAY L CROTHERS 550

Mailing Address 1245 CHOKE CHERRY RD

City

HUGO

State

MN

Zip Code

55038

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PIPEFITTER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.42547

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MRS MARJORIE DAVIS 043

Mailing Address 6 HUCKLEBERRY LN

City

AUGUSTA

State

ME

Zip Code

04330

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.35558

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MRS MARJORIE DAVIS 043

Mailing Address 6 HUCKLEBERRY LN

City

AUGUSTA

State

ME

Zip Code

04330

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.39820

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

RICHARD E DOHERTY 331

Mailing Address 1581 BRICKELL AVE APT 1703

City

MIAMI

State

FL

Zip Code

33129

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.37182

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR DAVID EAVES 745

Mailing Address RR 5 BOX 1750

City

COALGATE

State

OK

Zip Code

74538

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.35166

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

GRACE EVENSTAD 553

Mailing Address 16235 HOLDRIDGE RD W

City

WAYZATA

State

MN

Zip Code

55391

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.39058

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

CURTIS FERGUSON 770

Mailing Address 8226 GLENCLIFFE LN

City

HOUSTON

State

TX

Zip Code

77070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.30992

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

5750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR RICHARD B FISHER 152

Mailing Address 202 KENSINGTON CT

City

PITTSBURGH

State

PA

Zip Code

15238

FEC ID number of contributing
federal political committee.

C

Name of Employer
FEDERATED INVESTORS

Occupation

INVESTMENT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.39156

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JOSEPHINE W FREEDE 731

Mailing Address 316 NW 39TH ST

City

OKLAHOMA CITY

State

OK

Zip Code

73118

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.32957

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

JOSEPHINE W FREEDE 731

Mailing Address 316 NW 39TH ST

City

OKLAHOMA CITY

State

OK

Zip Code

73118

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.34666

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)
MR WARREN GALKIN 028

Mailing Address 29 SAGE DR

City State Zip Code
WARWICK RI 02886

FEC ID number of contributing
federal political committee.

C

Name of Employer
NATCO PRODUCTS

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.33295

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
MRS SHIRLEY A GARNESS 995

Mailing Address 2614 SPRUCEWOOD ST

City State Zip Code
ANCHORAGE AK 99508

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.42038

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
MR JOHN C GIBBONS 941

Mailing Address 166 29TH AVE

City State Zip Code
SAN FRANCISCO CA 94121

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE OSO GROUP LTD

Occupation
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.31860

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

JAMES A GILLIS 940

Mailing Address 31 VALLEJO DR

City

MILLBRAE

State

CA

Zip Code

94030

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.37198

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

MR CALVIN C GOODRICH 452

Mailing Address 40 DORINO PL

City

CINCINNATI

State

OH

Zip Code

45215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.36898

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

MISS CAROL GOODSTEIN 068

Mailing Address PO BOX 608

City

NEW CANAAN

State

CT

Zip Code

06840

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.39725

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR ROBERT E GREEN 551

Mailing Address 1915 MINNEHAHA AVE E

City

SAINT PAUL

State

MN

Zip Code

55119

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.36021

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

DONALD GUMPERTZ 916

Mailing Address PO BOX 2450

City

TOLUCA LAKE

State

CA

Zip Code

91610

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.42844

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

DONALD GUMPERTZ 916

Mailing Address PO BOX 2450

City

TOLUCA LAKE

State

CA

Zip Code

91610

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.43112

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 63

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR STEVEN HALLER 704

Mailing Address PO BOX 1220

City

MANDEVILLE

State

LA

Zip Code

70470

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	8	/	2	0	1	0

Transaction ID: SA11AI.38197

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MRS VIOLET HANNA 916

Mailing Address 4123 MARY ELLEN AVE

City

STUDIO CITY

State

CA

Zip Code

91604

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	1	0

Transaction ID: SA11AI.34270

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MR JANICE HARD 196

Mailing Address 10 SEVEN SPRINGS DR

City

READING

State

PA

Zip Code

19607

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	2	/	2	0	1	0

Transaction ID: SA11AI.42596

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

BRUCE D HEIKES 550

Mailing Address 19740 KENRICK AVE

City

LAKEVILLE

State

MN

Zip Code

55044

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.31313

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MRS ELLA M HELM 300

Mailing Address 3385 HALLMARK DR SE

City

MARIETTA

State

GA

Zip Code

30067

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.35482

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

MRS ELLA M HELM 300

Mailing Address 3385 HALLMARK DR SE

City

MARIETTA

State

GA

Zip Code

30067

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.36670

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

635.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

RUSSELL HUFFER 553

Mailing Address 18299 BEARPATH TRL

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.36397

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MR ROD HUISKEN 561

Mailing Address PO BOX 206

City

CHANDLER

State

MN

Zip Code

56122

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.36740

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MS EVELYN JOOST 044

Mailing Address PO BOX 628

City

BUCKSPORT

State

ME

Zip Code

04416

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

INN KEEPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.41407

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR ALBERT KEMPF 553

Mailing Address 262 ASHLEY RD

City

HOPKINS

State

MN

Zip Code

55343

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.32267

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MR ED KEYES 926

Mailing Address 25122 GRISSOM RD

City

LAGUNA HILLS

State

CA

Zip Code

92653

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.43115

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MR PETER J KING 551

Mailing Address 25 S DEEP LAKE RD

City

NORTH OAKS

State

MN

Zip Code

55127

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.35750

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR JOSEPH M KLEIN 741

Mailing Address 2508 E 30TH ST

City

TULSA

State

OK

Zip Code

74114

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.43206

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MR L S KOLLMORGEN 229

Mailing Address 105 SADDLEBACK KNL

City

NELLYSFORD

State

VA

Zip Code

22958

FEC ID number of contributing
federal political committee.

C

Name of Employer
TLK INC.

Occupation
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.42306

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DR BERTA KVAMME 553

Mailing Address 2050 SHORELINE DR

City

WAYZATA

State

MN

Zip Code

55391

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.31230

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MRS JOAN LARSEN 601

Mailing Address 1111 PYOTT RD

City

LAKE IN THE HILLS

State

IL

Zip Code

60156

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.36993

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MRS JOAN LARSEN 601

Mailing Address 1111 PYOTT RD

City

LAKE IN THE HILLS

State

IL

Zip Code

60156

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.41097

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MS HELEN LAUER 563

Mailing Address 1625 CLEARWATER RD

City

SAINT CLOUD

State

MN

Zip Code

56301

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.41032

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

WALTER LEHMAN 172

Mailing Address 8587 POSSUM HOLLOW RD

City

SHIPPENSBURG

State

PA

Zip Code

17257

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.36714

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MR DONALD R LEYH 564

Mailing Address 64216 COUNTY HIGHWAY 48

City

BERTHA

State

MN

Zip Code

56437

FEC ID number of contributing
federal political committee.

C

Name of Employer
LAKEWOOD HEALTH SYSTEM

Occupation

HOME HEALTH AID

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.33830

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DOUGLAS R LIEPERT 543

Mailing Address 2922 MARBLE MOUNTAIN WAY

City

GREEN BAY

State

WI

Zip Code

54313

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.37982

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MRS KIM LILLY 934

Mailing Address PO BOX 1918

City

PASO ROBLES

State

CA

Zip Code

93447

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.31008

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

KERRIE J LOUNSBURY 551

Mailing Address 1485 EDGCUMBE RD

City

SAINT PAUL

State

MN

Zip Code

55116

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.36417

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MRS HARRIET T LUDWICK 554

Mailing Address 3200 W CALHOUN PKWY APT 803

City

MINNEAPOLIS

State

MN

Zip Code

55416

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.35549

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR RICHARD R MACE 173

Mailing Address 39 ROUND TOP LN

City

GETTYSBURG

State

PA

Zip Code

17325

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.42608

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MR MIKE MANGIONE 926

Mailing Address 3130 CORTE PORTOFINO

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing
federal political committee.

C

Name of Employer
MANGIONE INC

Occupation
MCDONALDS LICENSEE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40431

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MARGARET M MARTIN 328

Mailing Address 5972 BENT PINE DR APT 170

City

ORLANDO

State

FL

Zip Code

32822

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.34311

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)
MR RICHARD C MARX 125

Mailing Address PO BOX 440

City State Zip Code
WAPPINGERS FALLS NY 12590

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.34460

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
MRS MARY LOU MATHIOWETZ 560

Mailing Address 30817 COUNTY ROAD 24

City State Zip Code
SLEEPY EYE MN 56085

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.33736

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
GARWIN B MCNEILUS 559

Mailing Address 17609 625TH ST

City State Zip Code
DODGE CENTER MN 55927

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.39679

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR TOM R MILLER 460

Mailing Address 342 FLEETWOOD CT

City

CARMEL

State

IN

Zip Code

46032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.39088

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MR DENNIS MOORE 341

Mailing Address 574 PORTSMOUTH CT

City

NAPLES

State

FL

Zip Code

34110

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.41462

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

IA MORRIS 144

Mailing Address 2867 OUTLET RD

City

CLIFTON SPRINGS

State

NY

Zip Code

14432

FEC ID number of contributing
federal political committee.

C

Name of Employer
GW LISK CO INC

Occupation
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.39746

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 63

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR CALVIN J MORSE 902

Mailing Address 6761 VALLON DR

City

RANCHO PALOS VERDE

State

CA

Zip Code

90275

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	8	/	2	0	1	0

Transaction ID: SA11AI.38494

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MR MARK NEEDHAM 989

Mailing Address 1216 N 20TH AVE

City

YAKIMA

State

WA

Zip Code

98902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	2	/	2	0	1	0

Transaction ID: SA11AI.42604

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

DAVID NOLAN 100

Mailing Address 105 E 80TH ST

City

NEW YORK

State

NY

Zip Code

10075

FEC ID number of contributing
federal political committee.

C

Name of Employer
MILLENNIUM PARTNERS LLPOccupation
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	0

Transaction ID: SA11AI.42741

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 63

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR ROBERT F OWENS 914

Mailing Address 16441 TUDOR DR

City

ENCINO

State

CA

Zip Code

91436

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	4	/	2	0	1	0

Transaction ID: SA11AI.35176

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MR JAMES L PARKS 730

Mailing Address PO BOX 30240

City

EDMOND

State

OK

Zip Code

73003

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

SELF EMPLOYED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	5	/	2	0	1	0

Transaction ID: SA11AI.43144

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MR BEN M PATTERSON 782

Mailing Address 613 NW LOOP 410

City

SAN ANTONIO

State

TX

Zip Code

78216

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

GEOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	4	/	2	0	1	0

Transaction ID: SA11AI.31512

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR JAMES PEHRINGER 553

Mailing Address 9285 PIERSON LAKE DR

City

CHASKA

State

MN

Zip Code

55318

FEC ID number of contributing
federal political committee.

C

Name of Employer
HEARING SOLUTIONS

Occupation

AUDIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.38569

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MR JOHN PENSON 752

Mailing Address 3756 ARMSTRONG AVE

City

DALLAS

State

TX

Zip Code

75205

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.36065

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MR JAY L PETERS 277

Mailing Address 3811 DARWIN RD

City

DURHAM

State

NC

Zip Code

27707

FEC ID number of contributing
federal political committee.

C

Name of Employer
DURHAM TECH COMM COLL

Occupation

PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.31474

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MRS AGNES F PETERSON 902

Mailing Address 30435 PACIFIC COAST HWY

City

MALIBU

State

CA

Zip Code

90265

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40518

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

MR GREGORY PHELPS 019

Mailing Address 3 WILLIAMS TER

City

SWAMPSCOTT

State

MA

Zip Code

01907

FEC ID number of contributing
federal political committee.

C

Name of Employer
JOHN HANCOCK FINANCIAL

Occupation
FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.39716

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

LENORA PUSTA 855

Mailing Address 138 W SUNFLOWER DR

City

PAYSON

State

AZ

Zip Code

85541

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.41319

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR LUNSFORD RICHARDSON 068

Mailing Address 6 BUTLER ST

City

NORWALK

State

CT

Zip Code

06850

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.41096

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

SEYMOUR ROBIN 913

Mailing Address 6009 LITTLE OAK LN

City

WOODLAND HLS

State

CA

Zip Code

91367

FEC ID number of contributing
federal political committee.

C

Name of Employer
SENSOR SYSTEMS INC

Occupation
CEO/V.P.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.41317

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MR JOEL B ROTHMAN 926

Mailing Address 27 CARMEL BAY DR

City

CORONA DL MAR

State

CA

Zip Code

92625

FEC ID number of contributing
federal political committee.

C

Name of Employer
ENTERTAINMENT INDUSTRY

Occupation
MUSIC PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.42310

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR ANTHONY H RYAN 037

Mailing Address 393 DORCHESTER RD

City

LYME

State

NH

Zip Code

03768

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.35664

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MR JAMES A SALAGI 925

Mailing Address 42103 THOROUGHbred LN

City

MURRIETA

State

CA

Zip Code

92562

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.39039

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MR EDWIN C SANDHAM 349

Mailing Address 1964 SW SAINT ANDREWS DR

City

PALM CITY

State

FL

Zip Code

34990

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.38502

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR EDWIN C SANDHAM 349

Mailing Address 1964 SW SAINT ANDREWS DR

City

PALM CITY

State

FL

Zip Code

34990

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.42227

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MISS HELEN H SATHER 561

Mailing Address PO BOX 74

City

ROUND LAKE

State

MN

Zip Code

56167

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.30955

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

NEIL SCHMIDGALL 562

Mailing Address 46968 206TH ST

City

MORRIS

State

MN

Zip Code

56267

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.42272

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR DONALD R SCIFRES 940

Mailing Address 26700 PALO HILLS DR

City

LOS ALTOS HILLS

State

CA

Zip Code

94022

FEC ID number of contributing
federal political committee.

C

Name of Employer
SDL INCOccupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.41670

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

J SHAPIRO 330

Mailing Address 1401 DIPLOMAT PKWY

City

HOLLYWOOD

State

FL

Zip Code

33019

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYEDOccupation
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.37314

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MR DON C SPRINGER 540

Mailing Address PO BOX 448

City

HUDSON

State

WI

Zip Code

54016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.38805

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR JOHN STRASENBURGH 082

Mailing Address PO BOX 175

City

OCEAN VIEW

State

NJ

Zip Code

08230

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.42876

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL SUTLEY 554

Mailing Address 6406 TIMBER RDG

City

EDINA

State

MN

Zip Code

55439

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.42939

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MR HALL W THOMPSON 352

Mailing Address 7 GLENEAGLES

City

SHOAL CREEK

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer
THOMPSON REALTY CO.

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.38096

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR JOHN F TINDALL 600

Mailing Address 27250 MEADOWOODS DR

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
STAR HYDRAULICS INC

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.42194

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

RALPH S VENNETTI 604

Mailing Address 104 FOREST EDGE DR

City

PALOS PARK

State

IL

Zip Code

60464

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
BUSINESSMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.41089

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

RICHARD B WALLACE 480

Mailing Address 32872 OUTLAND TRL

City

BINGHAM FARMS

State

MI

Zip Code

48025

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.38488

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

5800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 63

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MS JEAN WARREN 731

Mailing Address 2410 NW GRAND CIR

City

OKLAHOMA CITY

State

OK

Zip Code

73116

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For:

☐ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	1	0

Transaction ID: SA11AI.39532

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

50920.00

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
ACU-PAC

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) BASE CONNECT, INC</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL - CREATIVE</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.30823</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 11451.09</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) BASE CONNECT, INC</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL - CREATIVE</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.30845</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 2002.09</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICE</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.30801</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 14177.32</p>

SUBTOTAL of Disbursements This Page (optional)

27630.50

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC**A. CENTURY DATA MAILING SERVICE**

Full Name (Last, First, Middle Initial)

Mailing Address 1155 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL FUNDRAISINGCandidate Name
ACU-PAC003
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.30802

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 1 0

Amount of Each Disbursement this Period

39457.10

B. CENTURY DATA MAILING SERVICE

Full Name (Last, First, Middle Initial)

Mailing Address 1155 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL FUNDRAISINGCandidate Name
ACU-PAC003
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.30800

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Amount of Each Disbursement this Period

12083.06

C. CENTURY DATA MAILING SERVICE

Full Name (Last, First, Middle Initial)

Mailing Address 1155 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL FUNDRAISINGCandidate Name
ACU-PAC003
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.30824

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 1 0

Amount of Each Disbursement this Period

5505.05

SUBTOTAL of Disbursements This Page (optional)

57045.21

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 44 / 63

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
ACU-PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICE</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.30825</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 4 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div>7150.84</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICE</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.30846</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 2 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div>28595.85</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICE</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.30847</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div>4883.51</div> </p>

SUBTOTAL of Disbursements This Page (optional)

40630.20

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC

A. Full Name (Last, First, Middle Initial)
CENTURY DATA MAILING SERVICE

Mailing Address 1155 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL FUNDRAISING

Candidate Name
ACU-PAC

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.30848

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10309.98

B. Full Name (Last, First, Middle Initial)
CONSOLIDATED MAILING SERVICES

Mailing Address 504 SHAW RD
SUITE 206

City STERLING State VA Zip Code 20168

Purpose of Disbursement
DIRECT MAIL - PRINTING

Candidate Name
ACU-PAC

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.30804

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3089.76

C. Full Name (Last, First, Middle Initial)
CONSOLIDATED MAILING SERVICES

Mailing Address 504 SHAW RD
SUITE 206

City STERLING State VA Zip Code 20168

Purpose of Disbursement
DIRECT MAIL - PRINTING

Candidate Name
ACU-PAC

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.30826

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5464.14

SUBTOTAL of Disbursements This Page (optional)

18863.88

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC**A.** Full Name (Last, First, Middle Initial)
CONSOLIDATED MAILING SERVICESMailing Address 504 SHAW RD
SUITE 206

City STERLING State VA Zip Code 20168

Purpose of Disbursement
DIRECT MAIL - PRINTINGCandidate Name
ACU-PAC003
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.30856

Date of Disbursement

M M / D D / Y Y Y Y
03 / 11 / 2010

Amount of Each Disbursement this Period

5814.57

B. Full Name (Last, First, Middle Initial)
CONSOLIDATED MAILING SERVICESMailing Address 504 SHAW RD
SUITE 206

City STERLING State VA Zip Code 20168

Purpose of Disbursement
DIRECT MAIL - PRINTINGCandidate Name
ACU-PAC003
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.30857

Date of Disbursement

M M / D D / Y Y Y Y
03 / 19 / 2010

Amount of Each Disbursement this Period

1165.88

C. Full Name (Last, First, Middle Initial)
FIRST VIRGINIA COMMUNITY BANKMailing Address 11325 RANDOM HILLS DRIVE
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
MERCHANT SERVICE CHARGECandidate Name
ACU-PAC001
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.30806

Date of Disbursement

M M / D D / Y Y Y Y
01 / 05 / 2010

Amount of Each Disbursement this Period

320.28

SUBTOTAL of Disbursements This Page (optional) ▶

7300.73

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC

A.

Full Name (Last, First, Middle Initial)
FIRST VIRGINIA COMMUNITY BANK

Transaction ID: SB21B.30807

Date of Disbursement

/ /

Mailing Address 11325 RANDOM HILLS DRIVE
SUITE 240

Amount of Each Disbursement this Period

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
NET SERVICE CHARGE

Category/
Type

Candidate Name
ACU-PAC

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
FIRST VIRGINIA COMMUNITY BANK

Transaction ID: SB21B.30827

Date of Disbursement

/ /

Mailing Address 11325 RANDOM HILLS DRIVE
SUITE 240

Amount of Each Disbursement this Period

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
MERCHANT SERVICE CHARGE

Category/
Type

Candidate Name
ACU-PAC

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
FIRST VIRGINIA COMMUNITY BANK

Transaction ID: SB21B.30828

Date of Disbursement

/ /

Mailing Address 11325 RANDOM HILLS DRIVE
SUITE 240

Amount of Each Disbursement this Period

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
AMEX DISCOUNT FEE

Category/
Type

Candidate Name
ACU-PAC

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DRIVE SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement MERCHANT SERVICE CHARGE</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.30829</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 50.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DRIVE SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement NET SERVICE CHARGE</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.30830</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 119.25</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DRIVE SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement MERCHANT SERVICE CHARGE</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.30858</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 163.94</p>

SUBTOTAL of Disbursements This Page (optional)

333.19

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC

A. Full Name (Last, First, Middle Initial)
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DRIVE
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
AMEX DISCOUNT FEE

Candidate Name
ACU-PAC

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.30859

Date of Disbursement

03 / 05 / 2010

Amount of Each Disbursement this Period

60.78

B. Full Name (Last, First, Middle Initial)
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DRIVE
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
SERVICE CHARGE

Candidate Name
ACU-PAC

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.30860

Date of Disbursement

03 / 31 / 2010

Amount of Each Disbursement this Period

303.22

C. Full Name (Last, First, Middle Initial)
INTEGRAM

Mailing Address 8421 HILLTOP RD

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement
DIRECT MAIL - PRINTING

Candidate Name
ACU-PAC

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.30864

Date of Disbursement

03 / 25 / 2010

Amount of Each Disbursement this Period

4243.67

SUBTOTAL of Disbursements This Page (optional)

4607.67

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 / 63

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC

A. Full Name (Last, First, Middle Initial) LEGACY LISTS, INC	Transaction ID: SB21B.30809 Date of Disbursement																				
Mailing Address 1155 15TH STREET, NW SUITE 410	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	4		2	0	1	0												
City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement LIST RENTAL	<table border="1"> <tr> <td colspan="10">4274.72</td> </tr> </table>	4274.72																			
4274.72																					
Candidate Name ACU-PAC	<table border="1"> <tr> <td>003</td> </tr> </table> Category/ Type	003																			
003																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) LEGACY LISTS, INC	Transaction ID: SB21B.30811 Date of Disbursement																				
Mailing Address 1155 15TH STREET, NW SUITE 410	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	2		2	0	1	0												
City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement LIST RENTAL	<table border="1"> <tr> <td colspan="10">324.44</td> </tr> </table>	324.44																			
324.44																					
Candidate Name ACU-PAC	<table border="1"> <tr> <td>003</td> </tr> </table> Category/ Type	003																			
003																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) LEGACY LISTS, INC	Transaction ID: SB21B.30812 Date of Disbursement																				
Mailing Address 1155 15TH STREET, NW SUITE 410	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	1		2	0	1	0												
City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement LIST RENTAL	<table border="1"> <tr> <td colspan="10">5094.72</td> </tr> </table>	5094.72																			
5094.72																					
Candidate Name ACU-PAC	<table border="1"> <tr> <td>003</td> </tr> </table> Category/ Type	003																			
003																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

9693.88

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) LEGACY LISTS, INC</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement LIST RENTAL</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.30813 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 0</div> </p> <p>Amount of Each Disbursement this Period <div>4182.21</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) LEGACY LISTS, INC</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement LIST RENTALS</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.30831 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 1 0</div> </p> <p>Amount of Each Disbursement this Period <div>815.00</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) LEGACY LISTS, INC</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement LIST RENTALS</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.30868 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 5 / 2 0 1 0</div> </p> <p>Amount of Each Disbursement this Period <div>1685.08</div> </p>

SUBTOTAL of Disbursements This Page (optional)

6682.29

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC

A.

Full Name (Last, First, Middle Initial)
MACKENZIE & COMPANY

Transaction ID: SB21B.30815
Date of Disbursement

Mailing Address 1155 15TH STREET, NW
SUITE 410

/ /

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

Purpose of Disbursement
CONSULTING - COMPLIANCE

Category/
Type

Candidate Name
ACU-PAC

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
MACKENZIE & COMPANY

Transaction ID: SB21B.30816
Date of Disbursement

Mailing Address 1155 15TH STREET, NW
SUITE 410

/ /

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

Purpose of Disbursement
CONSULTING - COMPLIANCE

Category/
Type

Candidate Name
ACU-PAC

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
PATTON KIEHL GROUP

Transaction ID: SB21B.30871
Date of Disbursement

Mailing Address PO BOX 590

/ /

City THORNBURG State VA Zip Code 22565

Amount of Each Disbursement this Period

Purpose of Disbursement
DIRECT MAIL - MAILSHOP

Category/
Type

Candidate Name
ACU-PAC

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 53 / 63

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC

A.

Full Name (Last, First, Middle Initial)
PATTON KIEHL GROUP

Mailing Address PO BOX 590

City THORNBURG State VA Zip Code 22565

Purpose of Disbursement
DIRECT MAIL - MAILSHOP

Candidate Name
ACU-PAC

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.30872

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4686.34

B.

Full Name (Last, First, Middle Initial)
STRATEGIC CAMPAIGN GROUP

Mailing Address 4600 N FAIRFAX DR
SUITE 802

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
CONSULTING - STRATEGY, MGT & FUNDRAISING

Candidate Name
ACU-PAC

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.30875

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)
STRATEGIC CAMPAIGN GROUP

Mailing Address 4600 N FAIRFAX DR
SUITE 802

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
CONSULTING - STRATEGY, MGT & FUNDRAISING

Candidate Name
ACU-PAC

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.30876

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

14686.34

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 54 / 63

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC

A.

Full Name (Last, First, Middle Initial)
STRATEGIC CAMPAIGN GROUP

Mailing Address 4600 N FAIRFAX DR
SUITE 802

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
CONSULTING - STRATEGY, MGT & FUNDRAISING

Candidate Name
ACU-PAC

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB21B.30877
Date of Disbursement

03 / 19 / 2010

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
STRATEGIC CAMPAIGN GROUP

Mailing Address 4600 N FAIRFAX DR
SUITE 802

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
CONSULTING - STRATEGY, MGT & FUNDRAISING

Candidate Name
ACU-PAC

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB21B.30878
Date of Disbursement

03 / 25 / 2010

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)
US POSTMASTER

Mailing Address 416 FLORIDA AVE, NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
PO BOX RENEWAL

Candidate Name
ACU-PAC

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB21B.30817
Date of Disbursement

01 / 28 / 2010

Amount of Each Disbursement this Period

520.00

SUBTOTAL of Disbursements This Page (optional)

8020.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 / 63

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC**A.** Full Name (Last, First, Middle Initial)
WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement
CAGING & ESCROW SERVICESCandidate Name
ACU-PAC001
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB21B.30819

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 1 0

Amount of Each Disbursement this Period

1388.39

B. Full Name (Last, First, Middle Initial)
WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement
CAGING & ESCROW SERVICESCandidate Name
ACU-PAC001
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB21B.30879

Date of Disbursement

M M / D D / Y Y Y Y
0 3 / 1 1 / 2 0 1 0

Amount of Each Disbursement this Period

1467.92

C. Full Name (Last, First, Middle Initial)
WEST END PRINTING CO

Mailing Address 1609 SHERWOOD AVE

City RICHMOND State VA Zip Code 23220

Purpose of Disbursement
DIRECT MAIL - PRINTINGCandidate Name
ACU-PAC003
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB21B.30839

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 1 0

Amount of Each Disbursement this Period

6258.00

SUBTOTAL of Disbursements This Page (optional)

9114.31

TOTAL This Period (last page this line number only)

231601.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 / 63

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC**A.** Full Name (Last, First, Middle Initial)
ALLEN WEST FOR CONGRESS

Mailing Address PO BOX 1028

City DEERFIELD BEACH State FL Zip Code 33443

Purpose of Disbursement
CANDIDATE CONTRIBUTIONCandidate Name
ALLEN B WESTOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 22

Transaction ID: SB23.30843

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	7		2	0	1	0

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
CHRIS LEOPOLD FOR CONGRESS

Mailing Address PO BOX 171

City PORT SULPHUR State LA Zip Code 70083

Purpose of Disbursement
POLITICAL CONTRIBUTIONCandidate Name
CHRIS LEOPOLDOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 03

Transaction ID: SB23.30849

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	0

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
CHRIS LEOPOLD FOR CONGRESS

Mailing Address PO BOX 171

City PORT SULPHUR State LA Zip Code 70083

Purpose of Disbursement
POLITICAL CONTRIBUTIONCandidate Name
CHRIS LEOPOLDOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 03

Transaction ID: SB23.30851

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	0

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC

A. Full Name (Last, First, Middle Initial) CLARK PARKER FOR CONGRESS	Transaction ID: SB23.30852 Date of Disbursement																				
Mailing Address PO BOX 118	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	1	0												
City MYRTLE BEACH State SC Zip Code 29578	Amount of Each Disbursement this Period																				
Purpose of Disbursement POLITICAL CONTRIBUTION	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name CLARK PARKER	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) CLARK PARKER FOR CONGRESS	Transaction ID: SB23.30881 Date of Disbursement																				
Mailing Address PO BOX 118	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	5		2	0	1	0												
City MYRTLE BEACH State SC Zip Code 29578	Amount of Each Disbursement this Period																				
Purpose of Disbursement POLITICAL CONTRIBUTION	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name CLARK PARKER	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) JAY RIEMERSMA FOR CONGRESS CAMPAIGN COMMITTEE	Transaction ID: SB23.30865 Date of Disbursement																				
Mailing Address PO BOX 1467	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	1	0												
City HOLLAND State MI Zip Code 49422	Amount of Each Disbursement this Period																				
Purpose of Disbursement POLITICAL CONTRIBUTION	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name ALLEN JAY RIEMERSMA	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC

A. Full Name (Last, First, Middle Initial) JAY RIEMERSMA FOR CONGRESS CAMPAIGN COMMITTEE	Transaction ID: SB23.30867 Date of Disbursement
Mailing Address PO BOX 1467	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 5 / 2 0 1 0</div> </div>
City HOLLAND State MI Zip Code 49422	Amount of Each Disbursement this Period
Purpose of Disbursement POLITICAL CONTRIBUTION	<div>2500.00</div>
Candidate Name ALLEN JAY RIEMERSMA	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) LES PHILLIP FOR CONGRESS	Transaction ID: SB23.30844 Date of Disbursement
Mailing Address 12060 COUNTYLINE ROAD STE J 277	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 7 / 2 0 1 0</div> </div>
City MADISON State AL Zip Code 35756	Amount of Each Disbursement this Period
Purpose of Disbursement CANDIDATE CONTRIBUTION	<div>2000.00</div>
Candidate Name LESTER S PHILLIP	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) PEG LUKSIK FOR SENATE	Transaction ID: SB23.30834 Date of Disbursement
Mailing Address PO BOX 276	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 7 / 2 0 1 0</div> </div>
City JOHNSTOWN State PA Zip Code 15907	Amount of Each Disbursement this Period
Purpose of Disbursement CANDIDATE CONTRIBUTION	<div>2500.00</div>
Candidate Name PEG LUKSIK	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 / 63

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC**A.**Full Name (Last, First, Middle Initial)
PEG LUKSIK FOR SENATE

Mailing Address PO BOX 276

City JOHNSTOWN State PA Zip Code 15907

Purpose of Disbursement
CANDIDATE CONTRIBUTIONCandidate Name
PEG LUKSIKOffice Sought: ☐ House
☒ Senate
☐ President

State: PA District: 00

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: SB23.30836

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 1 0

Amount of Each Disbursement this Period

2500.00

B.Full Name (Last, First, Middle Initial)
ROCKY FOR CONGRESS

Mailing Address PO BOX 96538

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement
POLITICAL CONTRIBUTIONCandidate Name
ANDREW ROCKY RACZKOWSKIOffice Sought: ☒ House
☐ Senate
☐ President

State: MI District: 09

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: SB23.30873

Date of Disbursement

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 1 0

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

30000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 60 / 63

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
ACU-PAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
BASE CONNECT, INCNature of Debt (Purpose):
DIRECT MAIL - CREATIVEMailing Address 1155 15TH STREET, NW
SUITE 410City State ZIP Code
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.30794

Amount Incurred This Period

53462.50

Payment This Period

31205.07

Outstanding Balance at Close of This Period

22257.43

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CENTURY DATA MAILING SERVICENature of Debt (Purpose):
DIRECT MAIL FUNDRAISINGMailing Address 1155 15TH STREET, NW
SUITE 410City State ZIP Code
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.30799

Amount Incurred This Period

122162.71

Payment This Period

122162.71

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CONSOLIDATED MAILING SERVICESNature of Debt (Purpose):
DIRECT MAIL - PRINTINGMailing Address 504 SHAW RD
SUITE 206City State ZIP Code
STERLING VA 20168

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.30803

Amount Incurred This Period

15534.35

Payment This Period

15534.35

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

22257.43

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 61 / 63

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
ACU-PAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
INTEGRAMNature of Debt (Purpose):
DIRECT MAIL - PRINTING

Mailing Address 8421 HILLTOP RD

City State ZIP Code
FAIRFAX VA 22031

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.30861

Amount Incurred This Period

4243.67

Payment This Period

4243.67

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
LEGACY LISTS, INCNature of Debt (Purpose):
LIST RENTALMailing Address 1155 15TH STREET, NW
SUITE 410City State ZIP Code
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.30808

Amount Incurred This Period

35063.17

Payment This Period

16376.17

Outstanding Balance at Close of This Period

18687.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MACKENZIE & COMPANYNature of Debt (Purpose):
CONSULTING - COMPLIANCEMailing Address 1155 15TH STREET, NW
SUITE 410City State ZIP Code
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.30814

Amount Incurred This Period

7500.00

Payment This Period

3000.00

Outstanding Balance at Close of This Period

4500.00

1) **SUBTOTALS** This Period This Page (optional).....

23187.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
ACU-PAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
PATTON KIEHL GROUPNature of Debt (Purpose):
DIRECT MAIL - MAILSHOP

Mailing Address PO BOX 590

City State ZIP Code
THORNBURG VA 22565

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.30869

Amount Incurred This Period

10216.34

Payment This Period

10216.34

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
STRATEGIC CAMPAIGN GROUPNature of Debt (Purpose):
POLITICAL MANAGEMENT & FU-
NDRAISING SERVICESMailing Address 4600 N FAIRFAX DR
SUITE 802City State ZIP Code
ARLINGTON VA 22203

Outstanding Balance Beginning This Period

21000.00

Transaction ID: SD10.30790

Amount Incurred This Period

30000.00

Payment This Period

17500.00

Outstanding Balance at Close of This Period

33500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
WASHINGTON INTELLIGENCE BUREAUNature of Debt (Purpose):
CAGING & ESCROW SERVICES

Mailing Address 4128 PEPSI PLACE

City State ZIP Code
CHANTILLY VA 20151

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.30818

Amount Incurred This Period

2856.31

Payment This Period

2856.31

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

33500.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
ACU-PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
WEST END PRINTING CO

Nature of Debt (Purpose):
DIRECT MAIL - PRINTING

Mailing Address 1609 SHERWOOD AVE

City	State	ZIP Code
RICHMOND	VA	23220

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.30837

Amount Incurred This Period

6258.00

Payment This Period

6258.00

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional).....

0.00

2) TOTALS This Period (last page this line number only).....

78944.43

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

78944.43